

avoided by digital compression of the renal artery during the cutting away of the diseased portion. Then a compress was held against the cut surface for some minutes; upon its removal there was no bleeding, but for safety a piece of gauze was stitched by catgut against the cut surface. Recovery was prompt and complete, and the patient has remained in good health for over a year.

This operation is recommended only in exceptional cases, as tubercles too small to be observed at the operation usually extend beyond the area of the gross lesion.

Another encouraging feature of this report is the chapter on malignant tumours of the kidney. There were seventeen such cases—six carcinomata, ten sarcomata, and one so-called struma renalis. Complete nephrectomy was performed in each case. Two patients died from operation; one a year later, of acute peritonitis, without recurrence of the cancer, and six were well at the time of report, no recurrence having manifested itself in periods ranging from fifteen months to nine years.

TUMOUR OF MESENTERY; TUBERCULAR.—In the *Deut. med. Woch.*, June 11, 1896, Gruneberg mentions a rare case of tuberculosis isolated in the mesenteric glands, and resulting in an abscess holding about two pints, which formed a freely movable tumour in the right side of the abdomen, the site of which was correctly diagnosed, but whose nature was not suspected until it was ruptured in the attempt to shell it out of the mesentery. The patient was an eight-year-old girl, with no previous illness except a diarrhoea of short duration three months previous to the appearance of the tumours. At the autopsy, three days after operation, other mesenteric glands were found tubercular, but there were no other traces of tubercle organ.

SUCCESSFUL LAPAROTOMY FOR RUPTURED UTERUS.—Three hours after labour began in a twenty-one-year-old III-para, the membranes ruptured and a hand came down. Two hours later a midwife made desperate attempts to extract the child by this arm. There was a sudden pain and collapse, with pulse at 128. About two hours later the abdomen was opened and the child and placenta found in the peritoneal cavity, the rupture being on the anterior wall of uterus and vagina, and extending into the left broad ligament. The uterus was removed and its stump treated extraperitoneally.

According to Rein (*Wratsch*, 1896, No. 6), whose case this is, laparotomy has been performed in rupture of the uterus twenty-five times, fifteen times successfully.

POST-PARTUM HÆMORRHAGE.—Turpentine is a prompt and efficient remedy. *Lancet-Clinic*. A piece of lint saturated therewith should be carried directly into the uterus so as to bring it into contact with the inner surface. In cases where the patient was almost pulseless it seemed to act as a stimulant, but on no occasion did it fail to instantly check the hæmorrhage and produce contraction.